

TO: GRANTS MANAGEMENT OFFICE, REGION 4

SUBJECT: NO COST TIME EXTENSION MEMO

GRANT NO.: X1-00D97919-1 RECIPIENT: Lifecycle Building Center

PROJECT END DATE**: 9/30/23 NEW PROJECT END DATE: 10/30/23 DURATION (YRS): 1

**** SPECIAL NOTE: If your change request is more than 90 days past this date, you must obtain the Division Director's concurrence prior to submitting to GMO****

TYPE GRANTEE: ☒ Part 30 (Non-profits & Universities) ☐ Part 31 (State & Local Governments)

TYPE GRANT: ☐ CEP, 40 CFR Part 35, Subpart L, K (State Revolving Fund) and E&I - **NTE Exceed 7 Years**
☒ Discretionary Grant (Usually Competitive Grants) - **NTE 7 Years (GPI-08-02 & GPI-11-01)**
☐ Continuing Environmental Program (CEP), 40 CFR Part 35, Subpart A&B, STAG and Leaking Underground Storage Tank - **NTE Exceed 5 Years**
☐ Tribal GAP Only - **NTE 4 Years**
☐ Superfund CA (**Exempt**) - **NTE 15 years**
☐ Exempt Program/Other:
(i.e., TAG, SPAPs and Earmarks/Congressionally Mandated Projects)

References: GPI-11-01, *Managing Unliquidated Obligations and Ensuring Progress Under Assistance Agreements*: http://intranet.epa.gov/ogd/policy/gpi_11_01_12_02_10_final.pdf; and GPI -08-02, *Guidance on Project Period Duration and the Use of New Awards to Fund Additional Work*: <http://intranet.epa.gov/ogd/policy/7.0-GPI-GPI-08-02.htm>

YES	NO	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Recipient has made drawdowns within 180 days and the remaining balance is necessary to complete the project. If no, provide or attach explanation:
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Additionally, GMO has been notified of the unliquidated obligation code.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Sufficient progress has been made to ensure completion of the project within the current and proposed project period and the recipient's performance is in accordance with the milestones schedule in the approved workplan.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	This time extension is being granted to continue work within the original scope of work and is not being requested solely for the purpose of using the remaining EPA funds.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	The recipient has demonstrated a good faith effort to meet original project schedules and this is documented in the recipient's and/or Project Officer's files.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	There were extenuating circumstances outside the recipient's control (i.e., adverse weather conditions; unexpected resource constraints, e.g., hiring freezes or travel or purchasing moratoriums; organizational and/or critical personnel changes; Match, including 3rd party match problems; procurement problems). Specify: Activities had to be postponed due to COVID-19.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	The recipient is in compliance with all programmatic terms and conditions (i.e. progress reports, QAPP, etc.). Date of last Baseline Monitoring 10/28/2022
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> N/A - SPAPs RECIPIENTS ONLY. Has the recipient drawn down at least 50% of funds? If no, the Division Director's approval/concurrence is needed when submitting change request

CERTIFICATION

I concur with the recipient's request for a time extension and verify the recipient is eligible for the time extension in accordance with the applicable policies above and coordination with the National Program Manager (NPM) Guidance, applicable statutes and regulatory authority. Further, I certify the recipient has made sufficient progress to ensure completion of the project within the project period and sufficient progress has been made in conjunction with the milestone schedule in the approved workplan. The recipient's request and supporting documentation is attached.

Rafaela Moura
PROJECT OFFICER

10/28/2022
DATE